

State/Territory: FLORIDA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided:

1. Inpatient hospital services other than those provided in an institution for mental diseases
2. Outpatient hospital services
3. Rural health clinic services and other ambulatory services furnished by a rural health clinic
4. Laboratory and X-ray services
5. Early and periodic screening diagnosis of individuals under 21 years of age, and treatment of conditions found
6. Family planning services
7. Physician services
8. Podiatry services
9. Optometric services
10. Advanced Registered Nurse Practitioners services
11. Home Health services
12. Clinic services
13. Dental services
14. Hearing services
15. Prescribed drugs
16. Dentures
17. Prosthetic devices
18. Eyeglasses
19. Rehabilitative services
20. Emergency hospital services
21. Nurse-midwife services (Included in ARNP program)
22. Transportation services
23. Hospice care services
24. Case management
25. Chiropractor services
26. Federally qualified health center services
27. Respiratory therapy
28. Personal care
29. Private duty nursing
30. Therapies

* Description provided on attachment.

TN No. 90-60
Supersedes
TN No. 90-59

Approval Date 2-14-91

Effective 10/1/90

State/Territory: FLORIDA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

☒ Provided: ☐ No limitations ☒ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*
Not Provided

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations:

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Optometrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Chiropractors' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Other Practitioners' Services (Includes ARNP, Nurse-midwife)
☒ Provided: ☐ No limitations ☒ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Home health aide services provided by a home health agency.
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 90-55
Supersedes
TN No. 88-13

Approval Date 2-6-91

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HCFA ID: 0140P/0102A

State/Territory: FLORIDA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Screening services.
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Preventive services. NOT PROVIDED
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services. NOT PROVIDED
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Nursing facility services. NOT PROVIDED
☐ Provided: ☐ No limitations ☐ With limitations*
- *Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

15. Services in an intermediate care facility for the mentally retarded (other in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

NOT PROVIDED
☐ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

NOT PROVIDED
☐ Provided: ☐ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(e) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-03
Supersedes
TN No. 89-57

Approval Date 5/10/91

Effective Date 1/1/91

State/Territory: FLORIDA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

____ Provided: ____ With limitations*

X Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

____ Provided: ____ With limitations*

X Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

X Provided: ____ Additional coverage⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

X Provided: ____ Additional coverage⁺⁺ ____ Not provided.

21. Certified pediatric or family nurse practitioners' services.

X Provided: ____ No limitations ____ With limitations*

____ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 94-17
Supersedes _____ Approval Date 10/6/94 Effective Date 7/1/94
TN No. 91-50

State/Territory: FLORIDA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

NOT PROVIDED

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

NOT PROVIDED

☐ Provided: ☐ No limitations ☐ With limitations*

d. Nursing facility services provided for patients under 21 years of age. NOT PROVIDED

☐ Provided: ☐ No limitations ☐ With limitations*

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

TM No. 96-06.

Supersedes

TM No. 91-03

Approval Date 3/10/97

Effective Date 7/1/96

Revised Submission 2/10/97

State: FLORIDA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO MEDICALLY NEEDY GROUPS

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

25. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in to Supplement 3 to Attachment 3.1-A.

 provided X not provided